## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/10/2014 FORM APPROVED OMB NO. 0938-0391

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		(X3) DATE SURVEY COMPLETED
				R-C
	155810	B. WING _		07/09/2014
ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF	CODE
			1955 S VERNON ST	
MANOR CHILDRENS HO	ME		WABASH, IN 46992	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN (  (EACH CORRECTIVE AI  CROSS-REFERENCED TO  DEFICIE	CTION SHOULD BE COMPLETION OF THE APPROPRIATE DATE
INITIAL COMMENTS		{F 00	00}	
Complaints IN001476 completed on April 28 Review date: July 9, Facility number: 000 Provider number: 15	559 and IN00148223 5, 2014. 2014 247 5810			
Surveyor: Janelyn K	ulik, RN			
in compliance with 42 and 410 IAC 16.2, in	PCFR Part 483, Subpart B regard to the paper			
	SUMMARY ST. (EACH DEFICIENC REGULATORY OR I  INITIAL COMMENTS  Paper compliance to Complaints IN001476 completed on April 25  Review date: July 9,  Facility number: 0002  Provider number: 15  AIM number: 100271  Surveyor: Janelyn Kill  Vernon Manor Childre in compliance with 42 and 410 IAC 16.2, in	TORRECTION IDENTIFICATION NUMBER:  155810  ROVIDER OR SUPPLIER  MANOR CHILDRENS HOME  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL	IDENTIFICATION NUMBER:  A. BUILDIN  155810  B. WING _  ROVIDER OR SUPPLIER  MANOR CHILDRENS HOME  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  Paper compliance to the Investigation of Complaints IN00147659 and IN00148223 completed on April 25, 2014.  Review date: July 9, 2014  Facility number: 000247  Provider number: 155810  AlM number: 100271660  Surveyor: Janelyn Kulik, RN  Vernon Manor Childrens Home was hound to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2, in regard to the paper	TOURIER TOUR SUPPLIER  IDENTIFICATION NUMBER:  A. BUILDING  B. WING  STREET ADDRESS, CITY, STATE, ZIF  1955 S VERNON ST  WABASH, IN 46992  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG  (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE  INITIAL COMMENTS  Paper compliance to the Investigation of Complaints IN00147659 and IN00148223 completed on April 25, 2014.  Review date: July 9, 2014  Facility number: 000247 Provider number: 155810 AIM number: 100271660  Surveyor: Janelyn Kulik, RN  Vernon Manor Childrens Home was hound to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2, in regard to the paper

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE